

House Bill 845: Public Health – Overdose and Infectious Disease Prevention Services Program
FAVORABLE

February 24, 2025

The Honorable Joseline A. Pena-Melnyk
Chairman, Health and Government Operations Committee
Room 240 Taylor House Office Building
Annapolis, Maryland 21401

Dear Chair Pena-Melnyk and members of the Health and Government Operations Committee,

I am a lifelong resident of Maryland. My investment in this legislation, and my insight into the suffering and neglected needs of people with a substance use disorder, stems from the path I walked with my son who died of a mixed drug overdose in 2017. I loved and admired my son, and I know his death was preventable.

I am in favor of Overdose Prevention Services because we are in desperate need of public health programs where the priority is to keep people safe, eliminate needless suffering, and promote the human connections proven to lead to voluntary treatment and recovery, shedding our focus on coercive tactics—not employed for any other health-related condition—that have done more harm than good.

Overdose deaths for the most recent 12-month period represent a decrease, inspiring hope for identifying, and expanding upon, strategies that work—with preliminary analysis crediting the harm reduction initiatives that we have adopted such as naloxone and drug testing strips. But it's also important to consider that current fatalities are double what they were ten years ago and remain at crisis levels. Overdose fatalities in the U.S. continue to far exceed other countries with international comparisons revealing that we incarcerate drug users at a higher rate than peer countries and have less of an appetite for legislation that prioritizes safety. Our continued reluctance to embrace the full array of proven harm reduction programs (which would include Overdose Prevention Services), highlights the gap between research and legislation.

Data from around the world tells us that Overdose Prevention Services reduce overdose deaths and the spread of infectious disease, while minimizing the compounded misery of arrests and incarceration. In addition to having no history of encouraging drug use, these services have proven to be a bridge to wellness. In fact, the genius of these programs is that, in giving people what they need, they come to you for it, which, in turn, builds trusting relationships and opens doors to additional services, from job training to treatment, and ongoing connections with community-based organizations.

We have learned that punitive policies do not motivate change, and that people subjected to mistreatment do not heal. Inflicting shame on individuals, and simultaneously fostering widespread societal stigma, has driven those who suffer into isolation and fear, exacerbating their problems with mental and physical health. This practice of disempowering the vulnerable, removing resources from them, and shaming them has failed. We must break this vicious cycle and think logically about how to help people move beyond

destructive habits. The evidence is clear: Forced change often begets increased drug use and criminal convictions; with the opposite playing out among those who voluntarily seek treatment, with fewer relapses among this cohort as a measurable outcome. People with a substance use disorder didn't forfeit their right to health care or to be treated with dignity. And, when given the opportunity, they are capable of making decisions about their own health care.

My son had disabilities, he struggled in school and was socially awkward. He turned to drugs in his 20s undoubtedly to ease persistent pain. He was innately sweet-natured and sensitive, but the systems he encountered—from treatment to criminal justice—were cruel and poorly equipped to support his needs. In fact, being dehumanized and humiliated only magnified his self-doubt, dimmed his hopes, and eroded his trust in the world. It took years, and his own fortitude, to finally land a job and manage a long stretch of drug-free living. But he relapsed at the age of 34. He was frightened, didn't want to lose his job, and he turned to me. But our dogged attempts to get help failed. Without the benefit of a safe haven or any medical oversight, he died. Overdose Prevention Services would have saved his life, allowing his continued trajectory toward wellness, allowing him a life. I know too that its premise would have been reassuring, giving him much needed faith in humanity.

I would give anything to have my son back but, absent that possibility, I work to spare others his fate. I find hope in the humanistic principles of Overdose Prevention Services and I am grateful for its tireless advocates. The choice is between compassion and indifference, and turning the corner on preventable overdose fatalities or not. We will never be a drug free society, but we can affect change, and be a far healthier society.

I do understand initial skepticism on the part of the uninformed, but I have learned that what may, on the surface, seem counterintuitive actually makes sense. In my years of speaking with a wide range of individuals and groups, I have yet to encounter those who don't understand the benefits of these services once they are armed with the facts, supported by reams of data as well as common sense.

To combat the stigma that thwarts needed progress we must work to educate the public rather than avoid implementing life-saving policies due to the risk of being misunderstood. We have to honor public concerns—most often the product of the war-on-drugs mentality—and work to provide well-founded information. If we are comfortable with jails and prisons (where dehumanization is routine, and outright abuse, all too frequent), but are uncomfortable with evidence-based health care that has proven to reduce deaths and bolster the likelihood of recovery, we have to examine why.

I urge you to vote in favor of this important legislation.

Respectfully submitted,

Jessie Dunleavy
49 Murray Avenue
Annapolis, MD 21401
jessie@jessiedunleavy.com
www.jessiedunleavy.com